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Bib Data Sheet

CONFIRMATION NO. 3708

<b>SERIAL NUMBER</b> 10/004,346	<b>FILING OR 371(c) DATE</b> 11/01/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> 396451
<b>APPLICANTS</b> Robert N. Cossins, Spring Hill, KS; Scott A. Evans, Lenexa, KS;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/470,553 12/22/1999 PAT 6,343,290				
<b>** FOREIGN APPLICATIONS *****</b> YES <i>YES</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED**</b> NONE <i>NONE</i>				
<b>** 12/28/2001 SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowances <i>4/5</i>		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 49	<b>TOTAL CLAIMS</b> 2
Verified and Acknowledged <i>4/5</i> Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> LATHROP & GAGE, L.C. 2345 Grand Boulevard, Suite 2800 Kansas City ,MO 64108				
<b>TITLE</b> Geographic management system				
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## \*BIBDATASHEET\*

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## APPLICANTS

Robert N. Cossins, Spring Hill, KS;

Scott A. Evans, Lenexa, KS;

## \*\* CONTINUING DATA \*\*\*\*\*

CIP of 09/470,553

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 12/28/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY KS	SHEETS DRAWING 49	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <u>[Signature]</u> Initials				

## ADDRESS

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2345 Grand Boulevard, Suite 2800  
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64108

## TITLE

Geographic management system

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